hold only about 3 percent of the Earth's known reserves. We can not create more oil under the ground, and drilling in a pristine area like the Arctic National Wildlife Refuge would do very little to boost total production.

There is a solution, however: We can do a better job of conserving oil, with stricter fuel standards for all vehicles, including popular SUVs. By reducing our dependence on foreign oil, conservation will make us more secure; it will also help consumers and the environment.

Some people suggest that fuel cell technology will allow us to convert our vehicles from petroleum to hydrogen, but that will not happen overnight. In the meantime we need a clean way to produce hydrogen fuel. Burning fossil fuels to make hydrogen will still pollute our air and increase global warming. Clean, renewable energy should be part of the hydrogen solution.

As we move into the 21st century, we face tremendous energy challenges, but we also have great opportunities.

We must reduce our dependence on foreign oil and make a bold commitment to clean, renewable energy.

I hope the members of the conference committee will keep these principles in mind as they work to prepare a bill for our consideration. Anything less would be a failure of vision and leadership.

STRENGTHENING CHILD NUTRITION PROGRAMS

Mr. DASCHLE. Mr. President, the Senate has a special bipartisan tradition of support for child nutrition, and I am pleased to promote that tradition by joining with Senators ELIZABETH DOLE and PAT ROBERTS in cosponsoring S. 1549, which would expand children's access to the free school lunch and breakfast programs.

This idea was first suggested to me by Senators Bob Dole and George McGovern at a conference last year at Dakota Wesleyan College in Mitchell, SD. Since our conversation, I have heard from a number of schools in South Dakota that many families whose children qualify for a reduced price lunch find it difficult to pay even the reduced fee. For some families, the fee can actually be an insurmountable barrier to participation.

The main purpose of the school lunch program is to make sure that children have a reliable, nutritious lunch every day. If a lower income family can't afford to pay for a reduced price lunch, it follows that they will also struggle to afford to provide a bag lunch for their child.

S. 1549 has strong support within my State. The South Dakota State Board of Education and more than two dozen local school boards have passed resolutions urging Congress to eliminate the reduced price school meal program.

Expanding children's access to the free school lunch and breakfast programs would unquestionably help promote better child nutrition in America.

I have cosponsored S. 1529 because I support that goal.

I also support other equally important child nutrition and food program improvements. For example, lowering the area eligibility guideline in the summer and child care food programs from the current 50 percent to 40 percent would provide services to more children in low-income communities. Increasing children's access to fresh fruits and vegetables, whole grains, low-fat dairy products, and lean meats are important steps in improving overall health and reducing obesity. Reducing the paperwork burden for participants in the Summer Food Program would help make sure more children have access to healthy food when school is not in session. Making forprofit child care centers that serve lowincome children eligible to participate in the Child and Adult Care Food program, and additional improvements to other nutrition programs, including food stamps, are long overdue.

Strengthening food support for low-income families is a sound investment in the long-term health and well-being of our children, and each of these initiatives is a worthy goal. Collectively, they are goals, I believe, a nation as great as the United States should strive to achieve. However, the current budgetary climate makes any of these investments extremely difficult.

Just 2 years ago, record budget surpluses were projected that could have been used to fund this priority. Today, the nonpartisan Congressional Budget Office, CBO, projects massive deficits for many years to come, nearly 40 percent of which CBO attributes to the Bush tax cuts.

The President chose to make tax cuts his economic priority, effectively at the expense of investments in our children. The Republican budget resolution, adopted earlier this year, made the same choice. It prioritized additional tax cuts, while providing no additional resources to the Senate Agriculture Committee for child nutrition or other improvements to food programs.

Unless we can take steps to reorder the priorities in the federal budget, this means any costs resulting from improvements we might make in nutrition programs must be paid for by cutting the same programs or by increasing the deficit.

The administration has proposed to require schools to increase their efforts to verify participating families' incomes which would have the result of generating budget savings. Sound reasonable? But the Department of Agriculture just released results from several new studies that show increasing income verification does virtually nothing to reduce errors but will significantly diminish participation by eligible children. The burden would be particularly acute for small, rural schools, like many in my state, that do not have the personnel to handle the increased paperwork. We clearly should

not attempt to feed one group of children by forcing another group of eligible children out of the program.

I support harmonizing the school meal income guidelines with the WIC income guidelines, as S. 1549 proposes. Under current circumstances, this may take some time to achieve. I will continue to work with my colleagues on a bipartisan basis to explore how we might make improvements in our nutrition programs, including advancing the goal of S. 1549. I encourage my colleagues to take a serious look at S. 1549 and consider promoting this legislation as part of a comprehensive, long-term strategy to invest in important national nutritional priorities.

LOCAL LAW ENFORCEMENT ACT OF 2003

Mr. SMITH. Mr. President, I rise today to speak about the need for hate crimes legislation. On May 1, 2003, Senator Kennedy and I introduced the Local Law Enforcement Enhancement Act, a bill that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred in Islip Terrance, NY. On September 23, 2003, two brothers from Colombia were attacked by white students at East Islip High School. The incident, in which anti-Hispanic epithets were spoken, occurred in a hallway of the school. The victims, a junior and a senior, were treated at Southside Hospital for undisclosed injuries.

I believe that government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

DIABETES PREVENTION & TREATMENT ACT OF 2003

Mr. KENNEDY. Mr. President, it is a privilege to be a sponsor with Senator Cochran of S. 1666, the Diabetes Prevention & Treatment Act of 2003.

Today, our health care system spends 1 out of every 4 Medicare dollars on diabetes. Almost 200,000 Americans die because of diabetes each year, and almost one-third of Americans alive today are not aware that they have the disease

The tragedy is that with the simple preventive and treatment measures available today, we can dramatically improve the likelihood that patients will never develop type 2 diabetes, and we can give good care to those who have type 1 diabetes. With only 30 minutes of walking a day and a healthy diet, people can reduce their chance of developing type 2 diabetes by 58 percent.

Despite these innovations far too many citizens do not realize they are at risk for diabetes or that they may already have the disease. Even more shocking is the disproportionate manner in which diabetes affects children and communities of color. Our bipartisan legislation is intended to see that as many citizens as possible receive the education, treatment, and care they need at the earliest and most treatable stages of the disease.

The Diabetes Prevention and Treatment Act will apply proven methods of prevention and control throughout the country. Its success will produce major improvements in health, and major reductions in diabetes-related costs.

The bill authorizes quality improvement grants for diabetes. It supports the widespread application of best practices in diabetes prevention and control. It also authorizes further education initiatives and outreach strategies, including public awareness campaigns, public service announcements, and community partnership workshops.

In addition, the bill strengthens the ability of the Centers for Disease Control to support State programs, with the goal of establishing a comprehensive, fully funded program in every State. It strengthens the ability of the National Institutes of Health to enhance the role of federally funded centers for diabetes research and training. It authorizes additional initiatives to identify the genetic basis of diabetes and its complications. It expands research on diabetes in historically underserved and minority populations.

The bill will help to reduce diabetes in children and in communities of color, where it disproportionately affects American Indians, Latinos, and African Americans. In the American Indian and Alaskan Native communities, type 2 diabetes has rates 8 to 10 times higher than among whites. African American adults have a 60 percent higher rate, and Latinos have a 90 percent higher rate of type 2 diabetes than whites.

People of color also have unacceptably high death rates from diabetes. African Americans and Latinos die twice as often from the disease as whites, and American Indians and Alaskan Natives die three to four times as often. The bill provides the CDC and NIH with new resources to discover why this epidemic is disproportionately affecting communities of color.

The epidemic level of type 2 diabetes among children is also extremely disturbing. Ten years ago type 2 diabetes was unheard of in the pediatric community. Today, apparently because of poor nutrition and more sedentary behavior, children are developing a disease that 10 years ago usually only affected adults 45 years of age or older. The bill's provisions on children expand and intensify research on this crisis, and add long-term epidemiological surveillance for type 1 and type 2 diabetes and the establishment of regional clinical research centers.

Saving lives will save costs too. Providing better testing, prevention, and

treatment for diabetes will save billions of dollars a year in the years ahead. By 2008, we could save \$5.7 billion on costs of end-stage renal disease alone.

Many leaders from the diabetes community have worked closely with us on this legislation this year. I commend them for their leadership and I look forward to early action by Congress to approve this bipartisan legislation.

DON'T ASK, DON'T TELL

Mr. KENNEDY. Mr. President, this November marks 10 years since our Nation imposed the discriminatory law known as "Don't Ask, Don't Tell" on the lesbian, gay, and bisexual patriots of our Nation. During the past decade, almost 10,000 men and women have been fired from our Armed Forces simply because of their sexual orientation.

Many of those men and women have sought the assistance and advocacy of Servicemembers Legal Defense Network, SLDN, the Nation's only legal aid and advocacy organization for those harmed by the military's gay ban. In August, SLDN's executive director, C. Dixon Osburn, commemorated 10 years of service to the organization he founded and the brave Americans it serves. Mr. Osburn cofounded the organization in 1993 with former Army CPT Michelle Benecke.

Under Mr. Osburn's leadership, SLDN has provided legal services to 5,000 service members and obtained 35 changes in military policy and practice related to "Don't Ask, Don't Tell, Don't Pursue, Don't Harass." Also under his leadership, SLDN's policy efforts have included obtaining new Pentagon and Service policies on anti-gay harassment, an Executive order on hate crimes in the military and an Executive order providing, for the first time, a limited psychotherapist privilege in the armed forces.

Due in large part to Mr. Osburn's work, The Boston Globe has said "[SLDN] knows far more than the Pentagon about what reality is like in the military and helps individuals caught in the mess." Deb Price of The Detroit News also commended their work, nothing that: "SLDN has repeatedly forced the Pentagon not just to take notice, but to change." And the Nation reports, "It's amazing how much this small legal-aid group has accomplished already."

Osburn received Mr. GAYLAW Distinguished National Service Award, and the 1998 Kevin Larkin Award for Public Service from the Massachusetts Lesbian and Gay Bar Association. In 1998, Mr. Osburn was named by the Advocate magazine as one of the Top 10 National Gay Leaders. In 2000, under Mr. Osburn's leadership, SLDN received "Organization of the Year" awards from both the District of Columbia Bar Association Young Lawyers Division and the International Lesbian & Gay Museum of History. I am honored today to recognize his decade of leadership at the helm of SLDN and his unparalleled advocacy for our men and women in uniform.

RETIREMENT OF ROD L. BETIT

Mr. HATCH. Mr. President, I rise today to pay special tribute to a wonderful public servant, Rod L. Betit, who is retiring after a long and distinguished career in public health policy and administration for the State of Utah. His leadership and integrity leave the Utah Department of Health with a long legacy of initiative and excellence.

In 1992, Utah Gov. Norman Bangerter appointed Rod as the Executive Director of the Utah Department of Health making him the longest serving Health Director in the country. This appointment put him in charge of more than 1,300 employees with an annual budget in excess of \$1 billion. While serving in this position, Rod established himself early on as an innovator, and someone who was not afraid to try new things. He developed a priority management approach for the Department which significantly improved the Department's ability to make progress in areas such as childhood immunization rates, tobacco control, American Indian health care system issues, youth suicide prevention, and health information systems development.

In addition, Rod has designed and launched a number of innovative health access programs by obtaining special federally-approved waivers. Some of his greatest achievements have included the nation's only comprehensive public mental health system, a managed care program that focuses on moving nursing home residents back into the community; and more recently an initiative that uses a unique 1115 waiver under Medicaid that establishes a Primary Care Program that brings basic health coverage to 25,000 working Utahns whose employers do not offer health care coverage. More than 11,000 adults had enrolled in the first six months of this program. United States Health and Human Services Secretary Tommy Thompson had this to say about the new program: "I am approving this waiver over the objections of my staff because I see great potential for this approach to help reduce the number of working uninsured throughout the country once its success has been demonstrated by Utah."

Rod's leadership abilities and vision prompted Utah Gov. Michael Leavitt to call on him for additional service in 1995 when he asked him to assume the role of the Executive Director of the Utah Department of Human Services while retaining his position with the Department of Health. This is the only time in Utah history that one person has been appointed to oversee two key agencies in state government. The Department of Human Services was facing some very difficult challenges at that time, and Rod, in true capable and courageous fashion, was able to step in